



Supplemental Application Data Sheet

Application Information

Application number::	<u>10/768,087</u>
Filing Date::	<u>02/02/04</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	MANUAL CONTROLLED SCROLLING
Attorney Docket Number::	003797.00821
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Kenneth
Middle Name:: P.
Family Name:: HINCKLEY
Name Suffix::
City of Residence:: Redmond
State or Province of Residence:: WA
Country of Residence::
Street of mailing address:: 4504 165th Avenue, NE
City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address::
Postal or Zip Code of mailing address:: 98052

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Steven
Middle Name:: N.
Family Name:: BATHICHE
Name Suffix::
City of Residence:: Redmond
State or Province of Residence:: WA
Country of Residence::
Street of mailing address:: 13783 NE 60th #127
City of mailing address:: Redmond

State or Province of mailing address:: WA
Country of mailing address::
Postal or Zip Code of mailing address:: 98052

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: James
Middle Name:: H.
Family Name:: CAUTHORN
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence::
Street of mailing address:: 1403 N. 47th Street,
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address::
Postal or Zip Code of mailing address:: 98103

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Michael
Middle Name:: J.
Family Name:: SINCLAIR
Name Suffix::
City of Residence:: Kirkland
State or Province of Residence:: WA
Country of Residence::

Street of mailing address:: 4331 Lake Washington Blvd.,
NE, #7309
City of mailing address:: Kirkland
State or Province of mailing address:: WA
Country of mailing address::
Postal or Zip Code of mailing address:: 98033

Correspondence Information

Correspondence Customer Number:: 2831828319

Representative Information

Representative Customer Number:: 2831828319

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is	Division of	09/940,505	08/29/2001

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Microsoft Corporation
Street of mailing address:: One Microsoft Way
City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address::
Postal or Zip Code of mailing address:: 98052